

Hualapai Regional Partnership Council Data Summary Report for SFY 2011

Food Security

Contract Number: Grantee Name		Oct-Dec 2010	Jan-Mar 2011	April-June 2011
GRA-RC025-11-0131-01: St. Mary's Food Bank Alliance	Total number of food boxes distributed	0 ¹	0 ²	210
	Number Of Other Items Distributed	0	0	0
	Number of Children Served	182	367	333
	Number of Families Served	115	231	210
GRA-RC025-11-0263-01: Hualapai Tribe Health Department³	Total number of food boxes distributed	NA	0	9
	Number Of Other Items Distributed		0	0
	Number of Children Served		0	8
	Number of Families Served		0	8

Scholarships T.E.A.C.H.

Contract Number: Grantee Name		July-Sept 2010	Oct-Dec 2010	Jan-Mar 2011	April-June 2011
GRA-STATE-10-0017-01 Y3: Association for Supportive Child Care	Total number of participating scholars	0	0	2	0
	Statewide Quality First!	0	0	2	0
	Regional Expansion Quality First!	0	. ⁴	0	0
	Regional Partnership Council T.E.A.C.H.	0	.	0	0

¹ This grantee submitted data in pounds of food and distributed 2,914 lbs.

² This grantee submitted data in pounds of food and distributed 5,769 lbs.

³ This grantee did not begin their contract until February, 2011.

⁴ '.' Denotes no data are available because grantee left data field(s) blank in their data reporting template.

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Home Visitation

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-RC025-10-0211-01-Y2 / Hualapai Tribe Health Department	Quarterly Data Submission Status*	3	3	3	3
	Number of Families Served at End of Quarter**	39	45	50	53
	Number of Families NEWLY Enrolled During the Quarter**	8	6	5	4
	Total Families Served**	42	44	50	54
	Number of Children Served at End of Quarter**	36	42	47	51
	Number of Children NEWLY Enrolled During the Quarter**	8	6	5	4
	Number of Children Eligible for Screening**	6	6	7	8
	Number of Children Receiving Screening**	11	5	5	4
	Number of Children with Possible Delay Identified**	<25	0	<25	0
	Total FTE at the End of the Quarter**	2.0	2.0	2.0	2.0
	Number of HV Meet Minimum Educational Requirements**	2	2	2	2

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Average FTE Caseload**

19.5

22.5

25.0

26.5

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Parent Kit

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
GRA-STATE-10-0025-01-Y3 / Susan Fry & Associates	Total English Cases**				
	Total Spanish Cases**				
	Total Cases**	0	0	0	0
	Total Kits**				

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Quality First - Statewide Funding

Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-STATE-10-0001-02-Y3 / Southwest Human Development	Number of center based providers served**	1	1	1	1
	Number of home based providers served **	0	0	0	0
Contract Number/ Grantee Name	Description	First Fiscal Quarter (July-Sept)	Second Fiscal Quarter (Oct-Dec)	Third Fiscal Quarter (Jan-Mar)	Fourth Fiscal Quarter (Apr-Jun)
FTF-STATE-10-0002-01-Y3 / Valley of the Sun United Way	Number of center based providers served**	1	1	1	1
	Number of home based providers served **	0	0	0	0

Key to report information

***Quarterly Data Submission Status (Single Asterisk)**

Null (empty box) = Grantee was not contracted for this reporting period (reporting period = one quarter)

Null (empty box) with Quarterly Data displayed signifies that grantee does not submit data through PGMS but via other means

0 = No reports for this quarter were submitted

1 = Quarterly data based upon a partial submission of 1 months data

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2 = Quarterly data based upon a partial submission of 2 months data

3 = Quarterly data based upon a full quarter of data provided

****Quarterly Data Submission Value (Double Asterisk)**

Null (empty box) = Grantee reported that this is not part of the grantee's contract and did not provide data. Any other numeric entry (zero or greater) indicates a number reported by grantee.